

Forensic Files



The Importance of Objectivity: A Case Report

by Seth Feuerstein, MD, JD

The focus of any psychiatric evaluation performed at the request of an attorney is to answer the question the attorney wants answered. In fact, making sure that the question to be answered is clarified before starting the evaluation process is particularly important, and in and of itself provides enough material for a separate article. One risk of being presented with a narrowly defined

question—such as “Is this person competent to stand trial?”—is the unintended use of data by the evaluator early in the interview process that may be used to draw an inappropriately early conclusion. This data can come from a broad spectrum of sources, such as spontaneous banter, which biases the opinion of the psychiatrist, or even intentional comments by an attorney in an effort to have the ‘right’ result

for the client. This can confound the evaluation process. An ideal evaluation requires a proper interview, and the opportunity for a proper interview should always be taken. As the following case demonstrates, remaining unbiased throughout the interview process is crucial for a fair and ethical outcome.

CASE STUDY

[Certain details have been changed to maintain appropriate confidentiality while maintaining core facts of the case presented.]

J.M. was first seen in the spring for examination of his competency to stand trial for which he was found not competent. His evaluation report described him as having extreme mood lability and intense emotional outbursts with significant crying that were seemingly unrelated to the evaluation. In addition, he was agitated and appeared to be responding to internal stimuli.

The history revealed a 21-year-old man who had been diagnosed with a psychotic disorder that had not yet been specified but, by examining history, appeared to be schizoaffective disorder. He had left home for college three years earlier after an uneventful and normal childhood excepting his high intelligence. He did not successfully complete a semester at college and was hospitalized in the city where he was attending school, approximately 1000 miles from his home on the East Coast of the US. He received atypical antipsychotics and was discharged.

Following the hospitalization, he returned home for several weeks, and without the knowledge of his parents, with whom he was living, he boarded a plane for Asia and, once there, aggressively pursued religious study and attempted to enroll in various academic programs. He was

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hospitalized and found to be hyper-religious and psychotic. Following treatment with medication, he returned home once again.

Through this period, he was at times agitated, and one evening, in his home, he threatened his mother. She telephoned the police, and when they arrived at the home J.M. was arrested. The police reports described him as aggressive in the cell where he was held, and there was an altercation with officers, which led to injuries as well as several charges against J.M. involving assaults on officers.

The end result of his first evaluation was his transfer to a state hospital for treatment and "restoration to competency." At first, he refused medication. The hospital received a court order to forcibly medicate J.M., and he responded to the medication. Following 90 days in the hospital, he was found competent to stand trial and he was returned to housing in the state prison.

Approximately two weeks after returning to the prison, J.M. attempted suicide by launching himself from a second story walkway. He landed head first, sustained life-threatening injuries, and was comatose at a state hospital for six weeks where, according to the staff, he was not expected to live. As a result, the treatment team began to aggressively talk to the family about removing his ventilation support.

J.M. unexpectedly woke up. He was medically stabilized, and in two

weeks he was sent to a rehabilitation hospital, where he stayed for several months. The court, with the case remaining on the docket, requested a new evaluation of J.M. to determine his status and whether or not he was competent to stand trial.

When the call came to the psychiatrist, the request for the evaluation was stated and then spontaneous banter approximate to the following occurred: "Statutorily we need for him to be seen by an MD, so just get an eye on him. He suffered significant brain injury. Just confirm he is not competent and obviously not restorable."

The interview. During the evaluation, the psychiatrist, who had evaluated J.M. in the past, was initially struck by his physical changes. J.M. had significant scarring of the face and scalp with some deformity. He also had scarring on his neck from his prior use of a mechanical respirator. Also striking was his placid affect and behavioral control, which were in stark contrast to his prior presentation.

J.M.'s concentration was excellent as was his abstraction and understanding of the charges he faced and his situation and strategy. As an example, when asked about the assault on an officer, he started by stating, "That would be like Rodney King being convicted of assaulting an officer," and he went on to describe the officers assaulting him when he would not stop making noise in his holding cell.

J.M. turned out to be competent and in fact quite insightful about his situation and how he had ended up there. The staff at the rehabilitation hospital described his progress as nothing short of extraordinary, thinking initially he would never function independently again from both physical and neurological perspectives. For the months he was there in rehabilitation, J.M. was an ideal patient and was performing magnificently.

J.M.'s case illustrates the importance and necessity of the face-to-face evaluation and the unpredictable nature of events on outcome in some cases. Clinically, the team at the hospital where J.M. was treated was of the belief that the traumatic brain injury J.M. suffered had affected his presentation in a positive way, and this message would not have been clear were the evaluator not to have taken the time to talk to the staff and explore the collateral information with the perspective of the interview in hand. J.M. had gone from an extraordinarily psychotic, incompetent young man to an extraordinarily injured but competent young man, much to everyone's surprise.

The evaluator's report was drafted and described J.M.'s performance, and the court subsequently ruled J.M. was competent to stand trial. ●

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